

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type:: REGULAR
Subject Matter:: UTILITY
CD-ROM or CD-R?:: NONE
Title:: PHOSPHODIESTERASE 4 INHIBITORS,
INCLUDING N-SUBSTITUTED ANILINE
AND DIPHENYLAMINE ANALOGS
Attorney Docket Number:: MEMORY-28
Total Drawing Sheets:: 0

INVENTOR INFORMATION

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: US
Status:: FULL CAPACITY
Given Name:: Richard
Middle Name:: A.
Family Name:: SCHUMACHER
City of Residence:: Monroe
State or Province of Residence:: New York
Country of Residence:: USA
Street of Mailing Address:: 16 Dorothy Drive
City of Mailing Address:: Monroe
State or Province of Mailing Address:: New York
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 10950

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: US
Status:: FULL CAPACITY
Given Name:: Allen
Middle Name:: T.
Family Name:: HOPPER
City of Residence:: Glen Rock
State or Province of Residence:: New Jersey
Country of Residence:: USA
Street of Mailing Address:: 29 Dean Street
City of Mailing Address:: Glen Rock
State or Province of Mailing Address:: New Jersey
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 07452

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: Canada
Status:: FULL CAPACITY
Given Name:: Ashok
Family Name:: TEHIM
City of Residence:: Ridgewood
State or Province of Residence:: New Jersey
Country of Residence:: USA
Street of Mailing Address:: 246 N. Walnut Street
City of Mailing Address:: Ridgewood
State or Province of Mailing Address:: New Jersey
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 07450

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	US
Status::	FULL CAPACITY
Given Name::	Hans-Jurgen
Middle Name::	Ernst
Family Name::	HESS
City of Residence::	Old Lyme
State or Province of Residence::	Connecticut
Country of Residence::	USA
Street of Mailing Address::	26 Jericho Drive
City of Mailing Address::	Old Lyme
State or Province of Mailing Address::	Connecticut
Country of Mailing Address::	USA
Postal or Zip Code of Mailing Address::	06371
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	US
Status::	FULL CAPACITY
Given Name::	Axel
Family Name::	UNTERBECK
City of Residence::	Madison
State or Province of Residence::	Connecticut
Country of Residence::	USA
Street of Mailing Address::	205 Wildwood Avenue
City of Mailing Address::	Madison
State or Province of Mailing Address::	Connecticut
Country of Mailing Address::	USA
Postal or Zip Code of Mailing Address::	06443

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: US
Status:: FULL CAPACITY
Given Name:: Erik
Family Name:: KUESTER
City of Residence:: Franklin
State or Province of Residence:: New Jersey
Country of Residence:: USA
Street of Mailing Address:: 3 Haines Ct.
City of Mailing Address:: Franklin
State or Province of Mailing Address:: New Jersey
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 07416

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: US
Status:: FULL CAPACITY
Given Name:: William
Middle Name:: Frederick
Family Name:: BRUBAKER Jr.
City of Residence:: Chesire
State or Province of Residence:: Connecticut
Country of Residence:: USA
Street of Mailing Address:: 116 Nob Hill Road
City of Mailing Address:: Chesire
State or Province of Mailing Address:: Connecticut
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 06410

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: US
Status:: FULL CAPACITY
Given Name:: Robert
Middle Name:: F.
Family Name:: DUNN
City of Residence:: Towaco
State or Province of Residence:: New Jersey
Country of Residence:: USA
Street of Mailing Address:: 3 Osborne Place
City of Mailing Address:: Towaco
State or Province of Mailing Address:: New Jersey
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 07082-1109

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 23599

REPRESENTATIVE INFORMATION

Representative Customer Number:: 23599

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/396,725	07/19/02

ASSIGNMENT INFORMATION

Assignee Name:: MEMORY PHARMACEUTICALS CORP.
Street of Mailing Address:: 100 Philips Parkway
City of Mailing Address:: Montvale
State or Province of Mailing Address:: New Jersey
Country of Mailing Address:: United States
Postal or Zip Code of Mailing Address:: 07645-1800